Phone. (208) 334-2852 Fax. (208) 334-2282

Rev. 06/2006

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed	By:	_
L-2	LOBBYISTS (Sec. 67-6619)	

Page	of	Pagc(s)
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Semi-Annual Annual (Type or print clearly in black ink) See instructions at bottom of page Date prepared Period covered Lopbyist's name and permanent business address year ending Richard D. Petersen PO Box 4848 January 3, 2008 (Mo) (Day) (Yr.) 275 Tierra Vista Drive Dec 31 2007 Pocatello ID 83205-4848 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Item 3, at bottom of page.) *10tal Amount for Reambursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity
Do Not Have to be Reported Employer No. 4 Employer No. 1 Employer No. 2 Employer No. 3 Entertunment 0.00 Food and Refreshment 0.00 Living Accommodations 0.00 Advertising 248.17 248.17 Travel 0.00 Telephone 0.00 Other Expenses or Services 248 17 248.17 0.00 0.00 0.00 Total \$ *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1 The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials l ten 2 Date Place Amount Names of Legislators, Public and Executive Officials in Group None Continued on anached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Who should file this form: Any lobbyist registered under Section Farm Bureau Mutual Insurance Company of Idaho, 67-6017 Idano Code PO Box 4848, Pocatello ID 83205-4848 Filing deadline: Annual report is due on January 31st. No. 2 Executive Lobbist semi-annual report due July 31st. TO BE FILED WITH. No. 3 Ben Ysursa Secretary of State PO Box \$3720 Boise, ID 83720-0080 No 4

Item 4	I ner coul recovery to unit I declarat. Public of Hyperitive () facial of for or on board of Japa 1 decision. Public of Pyecultye () facial									
	Ω	aīc	Amount	Nau	ns of Legislator, Public or Executive Official Receiving or Benefiting					
1	0/24/0		\$1000	Otter for Idaho	(mad					
Ivem 5	or Hou	ise Bill,		on, the number of the Senate tegts lative activity in which oposing	LEGISLATIVE SUBJECT IDENTIFICATION Code Subject Code Subject					
20,2 25	Code	Bill, Re Legislate SB 11 SB 10 SB	25, SB 1128, 045, SB 1171, 18153, and SB1154	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Agriculture, horticulture, farming, and livestock. Annisements, games, athletics and sports. Banking, finance, credit and investments. Children, minors, youth, semor citizens. Church and religion. Consumer affairs. Ecology, environment, pollution, conservation, zoning, land and water use. Education. Elections, campaigns, voting, political parties. Equal rights, civil rights, minority affairs. Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds. Government, county.	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals. Higher education. Housing, construction, codes insurance (excluding health insurance). Labot, salaries and wages, collective bargaining. Law enforcement, courts, judges, crimes, prisons. License, permits. Liquor. Manufacturing, distribution and services. Natural resources, forest and forest products, fisheries, mining and mining products. Public lands, parks, recreation. Social insurance, unemployment insurance, public assistance, workinen's compensation. Transportation, highways, streets and roads. Utilities, communications, televisions, radio, newspaper, power, CATV, gas. Other (please specify).		
Item 6 Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing			I F	DER FIFICATION I hereby certify to orrect statement in accordance with complying signature. Supplying signature apployer No. 1 signature apployer No. 2 signature apployer No. 3 signature.			3			
,					E	inployer No 4 signature		Date		